

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/573042

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3		2		2			53						
4		3		3			54						
5		4		4			55						
6		5		5			56						
7		6		6			57						
8		7		7			58						
9		8		8			59						
10		9		9			60						
11		10		10			61						
12		11		11			62						
13		12		12			63						
14		13		13			64						
15		14		14			65						
16		15		15			66						
17		16		16			67						
18		17		17			68						
19		18		18			69						
20		19		19			70						
21		20		20			71						
22		21		21			72						
23		22		22			73						
24		23		23			74						
25		24		24			75						
26		25		25			76						
27		26		26			77						
28		27		27			78						
29		28		28			79						
30		29		29			80						
31		30		30			81						
32		31		31			82						
33		32		32			83						
34		33		33			84						
35		34		34			85						
36		35		35			86						
37		36		36			87						
38		37		37			88						
39		38		38			89						
40		39		39			90						
41		40		40			91						
42		41		41			92						
43		42		42			93						
44		43		43			94						
45		44		44			95						
46		45		45			96						
47		46		46			97						
48		47		47			98						
49		48		48			99						
50		49		49			100						
TOTAL IND.		↓	1	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		←	19	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS			20				TOTAL CLAIMS						